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Bib Data Sheet

CONFIRMATION NO. 5440

<b>SERIAL NUMBER</b> 10/711,441	<b>FILING OR 371(c) DATE</b> 09/19/2004 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2618	<b>ATTORNEY DOCKET NO.</b> 004900.00025
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## APPLICANTS

David Famolari, Stewartville, NJ;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/507,512 10/02/2003 *OK! BS 11/28/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE! BS 11/28/06*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>BS</i> Initials			

## ADDRESS

22907

## TITLE

Harmonized Adaptive Arrays

<b>FILING FEE RECEIVED</b> 1696	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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